MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563904

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MANENDMENT		LAIM		AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	i		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							j	51						221
2		1	_	1				52						
3	<u> </u>	-!-		7,]	53						
5				',			l 1	54 55						
6				', -			i i	56						
7							l l	57			· · · · · · · · · · · · · · · · · · ·			
8				1			l i	58						
9				1				59						
10 11				1				60						
12								61 62					_	
13				-/-			l	63						
14				i			Ì	64						
15				1				65						
16				_/			[66						
17 18				,				67						
19				', 				68 69				·		
20				7			 	70				-		
21				1		_	Ì	71						
22				1				72						
23				1				73						
24 25								74						
26							-	75 76						
27							l f	77						
28								78						
29			-	7 - 111			10 10	79	7 7 7					
30 31								80						
32							-	81 82						
33							ŀ	83						···
34								84						
35								85						
36							1	86						
37 38							- 1	87						
39							ŀ	88 89						
40							ŀ	90		:				
41							t	91		···				
42								92						
43						i		93						
45		——- ļ					L	94						
46						• • •	-	95 96						
47							F	97				 -}		-
48								98						
49								99						
50 TOTAL	- +	 +	 _				L	100						
IND.	1	₩	3	#		#		TOTAL IND.		# I	1	4		1
TOTAL DEP.	4	(-	21	← [←		TOTAL DEP.		4		← I		4
TOTAL CLAIMS	5		24					TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)										MENT of CO ademark Office		!	